

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 245430US20

First Inventor or Application Identifier Samuel G. ARMATO, III, et al.

Title AUTOMATED METHOD AND SYSTEM FOR THE EVALUATION OF DISEASE AND
REGISTRATION ACCURACY IN THE SUBTRACTION OF TEMPORALLY SEQUENTIAL
MEDICAL IMAGES

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

17224 U.S. PTO
112603
☒ Fee Transmittal Form (e.g. PTO/SB/17)
(Submit an original and a duplicate for fee processing)

☒ Specification Total Sheets 27

3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets 9

4. ☐ Oath or Declaration Total Pages

a. ☐ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with box 17 completed)

i. ☐ DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).

5. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program (Appendix)

6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification or Sequence Listing on :

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ Paper

c. ☐ Statements verifying identity of above copies

ADDRESS TO: Commissioner for Patents
Mail Stop Patent Application
Alexandria, Virginia 22313

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))

8. ☒ Application Data Sheet. See 37 CFR 1.76

9. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney

10. ☐ English Translation Document (if applicable)

11. ☒ Information Disclosure ☒ Copies of IDS
Statement (IDS)/PTO-1449 Citations (5)

12. ☐ Preliminary Amendment

13. ☒ White Advance Serial No. Postcard

14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. ☐ Applicant claims small entity status.
See 37 CFR 1.27

16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application no.:

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

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Michael Monaco

Date:

11/26/03

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Docket No. 245430US20

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Samuel G. ARMATO, III, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: AUTOMATED METHOD AND SYSTEM FOR THE EVALUATION OF DISEASE AND REGISTRATION
ACCURACY IN THE SUBTRACTION OF TEMPORALLY SEQUENTIAL MEDICAL IMAGES

FEE TRANSMITTAL

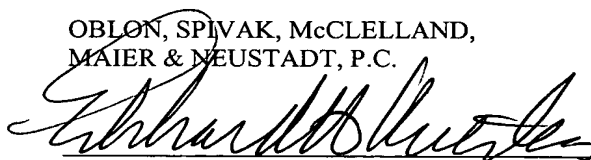
COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	51 - 20 =	31	x \$18 =	\$558.00
INDEPENDENT CLAIMS	2 - 3 =	0	x \$86 =	\$0.00
■ MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$290.00
■ LATE FILING OF DECLARATION			+ \$130 =	\$130.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$1,748.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
			TOTAL	\$1,748.00

- ☐ Please charge Deposit Account No. in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of **\$0.00** to cover the filing fee is enclosed.
- ☐ Credit card payment form is attached to cover the filing fee in the amount of **\$0.00**
- ☐ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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